



**CONFINED FEEDING OPERATION
REQUEST FOR APPROVAL TRANSFER**

State Form 49832 (R5 / 12-22)

**INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT**

Confined Feeding Section
Office of Land Quality
100 North Senate Avenue
MC 65-45, IGCN 1101
Indianapolis, Indiana 46204

INSTRUCTIONS: For Approval Transfer Requests, complete all required sections, sign, date, and return this form to the address above within ninety (90) days of the date of transfer of owner/operator. Please include an updated Farmstead Plan and Facility Detail Sheet (see section VII & VIII. The Approval Transfer Form needs to be submitted by the transferee (New Owner/Operator).

I. GENERAL INFORMATION FOR CURRENT APPROVAL			
Farm ID Number <i>(Log Number):</i>		Approval Number:	AW-
Date of Last Approval <i>(month, day, year):</i>		County of Operation:	
Name of Operation:			
Name of Owner/Operator (Applicant) <i>(Name to which the current approval was issued):</i>			
Mailing Address of Owner/Operator:			
Telephone Number <i>(with area code):</i>	()	E-mail Address:	
Location of Operation <i>(nearest crossroads or mailing address):</i>			
If any of the above information is unknown, contact IDEM at 317/232-4473.			

II. APPROVAL TRANSFER			
A. GENERAL INFORMATION OF TRANSFEREE (New Owner/Operator)			
Date of Transfer of Owner/Operator:			
Name of Operation:			
Address of Operation:			
City of Operation:		ZIP Code of Operation:	
Telephone of Operation:	()		
County of Operation:			
B. APPLICANT (Person or entity the CFO Approval is being transferred to)			
The Applicant is the Owner/Operator that applies for or has received a CFO Approval under 327 IAC 19, including renewals and amendments. An Applicant may be an individual, a partnership, a co-partnership, a firm, a company or any other entity listed under IC 13-11-2-158(b). There may be more than one entity that constitutes an Owner/Operator. Each entity that meets the definition of Owner/Operator for the CFO must submit the requested information below.			
Name:*			
Mailing Address:			
City:			
State:		ZIP Code:	
Telephone (Home):	()		
Telephone (Business):	()		
Telephone (Cell):	()		
Facsimile:	()	E-mail Address:	

***A limited liability company (LLC) or corporation (Inc. or Corp.) or other entity required to be registered must have a current registration with the Indiana Secretary of State.**

C.PROPERTY OWNER (At the Time of Approval Transfer Submittal)

Same as Applicant

Name: _____

Mailing Address: _____

City: _____

State: _____ ZIP Code: _____

Telephone (Home): () _____

Telephone (Business): () _____

Telephone (Cell): () _____

Facsimile: () _____ E-mail Address: _____

**D.OPERATION MANAGER, OPERATOR, AND/OR LESSEE
(If Different than Applicant or Manager and/or Authorized Agent for Entity)**

Same as Applicant OR Person listed below is: Manager Operator Lessee

Name: _____

Mailing Address: _____

City: _____

State: _____ ZIP Code: _____

Telephone (Home): () _____

Telephone (Business): () _____

Telephone (Cell): () _____

Facsimile: () _____ E-mail Address: _____

E. EXISTING VIOLATIONS

List below all existing, outstanding violations that apply to this farm, including violations documented in any letter from IDEM's CFO Compliance Section or the Office of Land Quality, Enforcement Section for which a "Notice of Violation" has been issued, a "Commissioner's Order" has been issued, or an "Agreed Order" has been entered into. List the case number (if applicable) for each violation and provide a brief explanation of who will be responsible for correction of each violation upon transfer of the facility.

Violation	Case Number	Responsibility For Correction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. CERTIFICATION

I affirm that the information on this form is, to the best of my knowledge and belief, true, complete and accurate. I am aware of the penalties for knowingly submitting false information under IC 13-30-10-1.5. I request the Confined Feeding Approval Number (provided in the General Information section above) and all conditions listed therein, be transferred to the party names above as the new owner/operator and responsible party. Additionally, in order to maintain a valid Approval, I know that the new owner must submit an updated manure management plan, a current farmstead plan, and a minimum number of acres for manure application once every five (5) years.

Signature of Transferor Date (month, day, year) Signature of Transferee Date (month, day, year)

III. LIST OF RESPONSIBLE PARTIES

List each new responsible party associated with the CFO from Section II.

If required under IC 13-18-10-1.4(a) and (b), a disclosure statement must be completed for each Responsible Party. A Responsible Party is defined under IC 13-11-2-191(a) as (1) the applicant; and (2) an officer, corporation director, or a senior management official of any of the following that is an applicant: a corporation, a partnership, a limited liability company, or a business association.

The applicant(s) may have multiple responsible parties. Attach additional sheets as necessary.

Responsible Party 1				
Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				
Responsible Party 2				
Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				
Responsible Party 3				
Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				
Responsible Party 4				
Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				
Responsible Party 5				
Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				
Responsible Party 6				
Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				
Responsible Party 7				
Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

III. LIST OF RESPONSIBLE PARTIES (Continued)

Responsible Party 8

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 9

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 10

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 11

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 12

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 13

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 14

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 15

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

IV. DETERMINING RESPONSIBLE PARTIES WHO MUST PROVIDE A DISCLOSURE STATEMENT

Indiana's Confined Feeding Control Law requires a Disclosure Statement for alleged violations of environmental law that meet the criteria noted in IC 13-18-10-1.4(a) & (b). This section helps applicants determine whether the responsible parties have violations that meet these criteria.

You may group responsible parties who have identical responses to the questions in this section by listing multiple names or responsible party numbers in the space provided. Provide additional copies of this page as needed to complete this section for all responsible parties listed in Section III.

Responsible Party Name(s) or
Number(s) from Section III (*type or print*) _____

Note: This section applies to material violations alleged in any state of the United States and in any other country.

A. Answer both questions 1 and 2 below:

1. Have any state or federal officials at **any time** alleged that the responsible party or parties committed acts or omissions that constitute a material violation of state or federal environmental law?

Yes

No

2. Have foreign officials at any time alleged that the responsible party or parties committed acts or omissions that constituted a material violation of foreign environmental law and that would have constituted a material violation of state or federal environmental law if the act or omission had occurred in the United States?

Yes

No

If the answer to both questions is "No," a disclosure statement is not required. Skip to item D below.

B. Indiana's Confined Feeding Control Law requires the responsible party or parties to submit the disclosure statement required by IC 13-18-10-1.4(c) only if the alleged acts or omissions acknowledged by a "Yes" answer to questions A1 or A2 above presented a substantial endangerment to human health or the environment.

If the alleged acts or omissions presented a substantial endangerment to human health or the environment, skip to Sections VI & VII to prepare and submit the disclosure statement.

Otherwise, proceed to item C on this page.

C. If the alleged acts or omissions acknowledged by a "Yes" answer to questions A1 or A2 above **did not** present a substantial endangerment to human health or the environment, the responsible party or parties do not have to submit a disclosure statement in Sections VI & VII. However, consistent with IDEM's authority to conduct an inquiry or investigation under IC 13-18-10-2.1(a)(2), the responsible party or parties **must** attach the following information:

1. The name and address of the government entity that alleged the acts or omissions.

2. The information relied upon in determining that the alleged acts or omissions did not present a substantial endangerment to human health or the environment. This information should include any Agreed Orders or other similar resolutions. Provide the name and qualifications of the person(s) who made the determination. Please note that this information is not the same as the full information required for a disclosure statement (see Section VII). The information required here might overlap with some of the information required for a disclosure statement, but this Section IV requirement is not intended to seek as much detail as a disclosure statement.

Proceed to item D on the next page.

D. If directed here by items A or C, the responsible party or parties listed on this page are not required to complete Sections VI & VII, the disclosure statement required by IC 13-18-10-1.4(c). The applicant or responsible party must attach the information required in item C, if applicable, and sign and date below. Their disclosure submittal is complete.

Per IC 13-18-10-2.1(e)(1)(A), the commissioner may deny an application if a responsible party intentionally misrepresents or conceals any material fact in an application for approval under IC 13-18-10.

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10, IC 13-18-10-1.4, IC 13-18-10-2.2, and IC 13-15-7-1(3), that the statements and representations in this application and the accompanying forms and application materials are true, accurate, and complete.

Applicant or responsible party signature: _____ , Date signed: _____

Printed name: _____

V. OUT-OF-STATE CFOs/CAFOs

Have any of the responsible parties from Section III owned or operated a CFO/CAFO outside of Indiana? Yes No

If Yes, list the names and locations (states and countries) of all CFOs/CAFOs that any of the responsible parties from Section III owned or operated outside of Indiana: Include the Operation Name(s):

VI. DISCLOSURE STATEMENT – INSTRUCTIONS

Responsible parties directed here from Section IV must complete and submit the disclosure statement on the next page to meet the requirements of Indiana's Confined Feeding Control Law. (See IC 13-18-10-1.4(c))

Attach additional copies of the disclosure statement page as necessary. Label each attachment with the name of the responsible party.

The Confined Feeding Control Law directs IDEM to consider the following factors when reviewing disclosure statements and deciding whether to approve or deny the application (See IC 13-18-10-2.1(f)):

1. The nature and details of the acts attributed to the responsible party
2. The degree of culpability of the responsible party
3. The responsible party's cooperation with the state, federal, or foreign agencies
4. The responsible party's dissociation from any other persons or entities convicted in a criminal enforcement action
5. Prior or subsequent self-policing or internal education programs established by the responsible party to prevent acts, omissions, or violations

For items D through G on the next page, the responsible party must include information in the description of the enforcement action that is relevant to these factors for IDEM to consider in reviewing the disclosure.

VI. DISCLOSURE STATEMENT

A. Name <i>(type or print)</i> : _____ <i>(Name of Responsible Party providing this Disclosure Statement)</i>
B. Business Address: _____ City: _____ State: _____ ZIP Code: _____
C. A description of the responsible party's experience in managing the environmental aspects of the type of facility that will be managed under the permit. Include the name and business address for employers, the State Permit number for the facility, the type of work experience and the length of time employed. <input type="checkbox"/> Not Applicable <input type="checkbox"/> Description Provided
D. A description of all pending administrative, civil, or criminal enforcement actions filed in the United States against the responsible party alleging any acts or omissions that: constitute a material violation of state or federal environmental law; and present a substantial endangerment to human health or the environment. <input type="checkbox"/> Not Applicable <input type="checkbox"/> Description Provided <i>(Including the five (5) factors described in the instructions.)</i>
E. A description of all pending administrative, civil, or criminal enforcement actions filed in a foreign country against the responsible party alleging any acts or omissions that: constitute a material violation of foreign environmental law; would have constituted a material violation of state or federal environmental law if the act or omission on which the action is based had occurred in the United States; and present a substantial endangerment to human health or the environment. <input type="checkbox"/> Not Applicable <input type="checkbox"/> Description Provided <i>(Including the five (5) factors described in the instructions.)</i>
F. A description of all finally adjudicated or settled administrative, civil, or criminal enforcement actions in the United States resolved against the responsible party within the five (5) years that immediately precede the date of the application involving acts or omissions that: constitute a material violation of federal or state environmental law; and present a substantial endangerment to human health or the environment. <input type="checkbox"/> Not Applicable <input type="checkbox"/> Description Provided <i>(Including the five (5) factors described in the instructions.)</i>

G. A description of all finally adjudicated or settled administrative, civil, or criminal enforcement actions in a foreign country resolved against the responsible party within the five (5) years that immediately precede the date of the application involving acts or omissions that: constitute a material violation of foreign environmental law; would have constituted a material violation of state or federal environmental law if the act or omission on which the action is based had occurred in the United States; and present a substantial endangerment to human health or the environment.

Not Applicable

Description Provided (Including the five (5) factors described in the instructions.)

H. Identification of all state, federal, or foreign environmental permit(s) applied for by the responsible party that were denied or previously held by the responsible party that were revoked.

Not Applicable

Description Provided

I. This disclosure statement must be executed under oath or affirmation and is subject to perjury under IC 35-44-2-1.

Per IC 13-18-10-2.1(e)(1)(B), the commissioner may deny an application if a responsible party intentionally misrepresents or conceals any material fact in a disclosure statement.

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10, IC 13-18-10-1.4, IC 13-18-10-2.2, and IC 13-15-7-1(3), that the statements and representations in this application and the accompanying forms and application materials are true, accurate, and complete.

Responsible Party Signature

Responsible Party Signature: _____ Date Signed: _____

Printed _____ (month, day, year)

VII. FARMSTEAD PLAN CHECKLIST

Add additional pages as needed.

INSTRUCTIONS FOR PREPARING A FARMSTEAD PLAN:

Prepare a Farmstead Plan that meets the requirements noted in the Section VII Farmstead Plan Checklist. Attach the Farmstead Plan to this form. Complete the Facility Detail Information in Section X using the Section VIII checklist and the examples in Section IX. Check the boxes next to each item in Sections VII and VIII as you verify that the Farmstead Plan and Facility Detail Information sheets are complete. If current approval contains structures that have not been constructed, please label these structures P (proposed) on the farmstead plan and facility detail sheet. Construction approval will be transferred for previously approved unconstructed structures.

<input type="checkbox"/>	A. The farmstead plan must be on a sheet no less than 8 ¹ / ₂ inches by 11 inches in size.
<input type="checkbox"/>	<p>B. The farmstead plan must show all existing and proposed waste management systems, and all of the following features within 500 feet of the waste management systems (label each feature):</p> <ol style="list-style-type: none"> 1. Residences 2. Surface waters of the state 3. Public and private roads 4. Water well locations 5. Characteristics of karst terrain as identified in 327 IAC 19-2-24 6. Drainage patterns 7. Property boundary line 8. All outlets of known tile drains or any other type of subsurface or surface drainage outlet 9. Drainage inlets, including water and sediment control basins showing their outlets, and ponds with outlets 10. Mortality management sites

VII. FARMSTEAD PLAN CHECKLIST *(continued)*

<input type="checkbox"/>	<p>C. The farmstead plan must be legible and either:</p> <ol style="list-style-type: none"> 1. Drawn to approximate scale; or 2. Show specific distances between the waste management systems and the features listed immediately above in section B that are within 500 feet of the existing or proposed waste management system.
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VIII. FACILITY DETAIL INFORMATION CHECKLIST

Using the instructions below, complete Section X, Facility Detail Information sheet for all confinement and waste structures present or proposed at the site. If the rows of the provided Section X, Facility Detail Information sheet are not properly sized for your needs, you may create your own table with the same column headers and required information listed below.

<input type="checkbox"/>	<p>A. Label the Farmstead Plan – The waste management systems (confinement and waste structures) must be uniquely identified on the farmstead plan. Existing structures should be labeled with an “E”. Proposed structure should be labeled with a “P”. After labeling each building with a “P” or “E”, number the structures. Your structures should be labeled as “E1”, “E2”, “E3”, etc; or “P1”, “P2”, “P3”, etc; or a combination of the two. Other unique labeling systems will be accepted.</p>
<input type="checkbox"/>	<p>B. Animal Type – Animal type(s) listed on Animal Information Attachment.</p>
<input type="checkbox"/>	<p>C. Number of Animals – The MAXIMUM APPROVED CAPACITY of the unit at any one time.</p>
<input type="checkbox"/>	<p>D. Solid or Liquid – Denote if the manure in the unit is handled as a solid or liquid.</p>
<input type="checkbox"/>	<p>E. Date Constructed – List the approximate date of construction for existing waste storage structures.</p>
<input type="checkbox"/>	<p>F. Water Uses (gallons/unit of time) – If the inside of the building is washed, indicate how much water is used and how often the building is cleaned. Also include any excess non-contact cooling water or drinking water directed to the waste management system.</p>
<input type="checkbox"/>	<p>G. Brief Description – Provide a brief description of the facility and waste management system. Indicate if the unit shares manure storage with another unit (i.e. common lagoon system, slurry store, etc.). Previously approved structures must have the approval number and date approved listed.</p>

IX. FACILITY DETAIL SHEET EXAMPLES

Example 1

Existing Previously Approved Swine Facility Proposing a Transfer of Ownership

You are transferring an existing 1,000 head finishing building, a nursery/farrowing building with 1500 nursery pigs and 100 farrowing sows with litters, and 300 head gestating sows building all with a flush gutter system to an existing lagoon. The lagoon and all existing buildings were approved on 12/17/1994, AW #1234

Example 2

Existing broiler Facility Proposing Transfer of Ownership

You are transferring a 40,000 bird broiler operation with 2 production barns with an additional building for manure storage.

FACILITY DETAIL INFORMATION

Label on Farmstead Map	Animal Type	Number of Animals	Solid or Liquid	Date Constructed <i>(for existing buildings)</i>	Water Uses <i>(gallons/unit of time)</i>	Brief Description:
E1	Broiler	20,000	Solid	~ 1995	N/A	A broiler barn with earthen floors
E2	Broiler	20,000	Solid	~ 1995	N/A	A broiler barn with earthen floors
E3	N/A	N/A	Solid	~ 1995	N/A	Concrete floored, additional manure storage

FACILITY DETAIL INFORMATION (continued)

Label on Farmstead Map	Animal Type	Number of Animals	Solid or Liquid	Date Constructed <i>(for existing buildings)</i>	Water Uses <i>(gallons/unit of time)</i>	Brief Description:
E1	Broiler	20,000	Solid	~ 1995	N/A	A broiler barn with earthen floors
E2	Broiler	20,000	Solid	~ 1995	N/A	A broiler barn with earthen floors
E3	N/A	N/A	Solid	~ 1995	N/A	Concrete floored, additional manure storage

X. FACILITY DETAIL INFORMATION

Label on Farmstead Plan	Type of Animal	Number of Animals	Solid or Liquid	Date Constructed <i>(for existing buildings)</i>	Water Uses <i>(gallons/unit of time)</i>	Brief Description